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27683 7590 03/27/2006

HAYNES AND BOONE, LLP
901 MAIN STREET, SUITE 3100
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<i>Stacy Lanier</i>	(Depositor's name)
<i>Stacy Lanier</i>	(Signature)
6/27/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,823	10/30/2003	Fay McElroy	33754.3	1292

TITLE OF INVENTION: FIELD ADJUSTABLE IMPACT JAR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GAY, JENNIFER HAWKINS	3672	166-301000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	¹ <i>Haynes & Boone LLP</i> ² <i>Dave R. Hofman</i> ³ _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Impact Selector, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockwell TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *08-1394* (enclose an extra copy of this form).

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Authorized Signature _____

Date *6-27-06*

Typed or printed name *Todd Mattingly*

Registration No. *40,298*

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